


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90224 041 ***138.75

DOCUMENT # L07000105798					
1. Entity Name SAM'S PLUMBING SUPPLY "LLC"					
Principal Place of Business 3321 NW 7TH STREET FT LAUDERDALE, FL 33311			Mailing Address 3321 NW 7TH STREET FT LAUDERDALE, FL 33311		
2. Principal Place of Business - No P.O. Box # 221 NW 6 Street		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL		City & State		4. FEI Number 33-118-4380	
Zip 33311		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCBRIDE, MELINDA J 3321 NW 7TH STREET FT LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBRIDE, MELINDA J 3321 NW 7TH STREET FT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Melinda McBride</u> <u>4/4/08</u> <u>954-471-6747</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					